

Business Information	
Legal Business Name	Doing Business As
Business Address (Include City, State, ZIP)	Mailing Address (Include City, State, ZIP)
Local Business Phone	Sales Tax ID (If none, attach Exemption Certificate from Dept. of Revenue)

Ownership Type (Click One) Sole Proprietor Partnership Corporation	Type of Business (Click all that apply) Retail Wholesale Service
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Business Description (The heading that you’re listed under in the Yellow Pages; If more than one applies, list the most important first.)
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Ownership Information If ownership is sole proprietor, complete line 1. If a partnership, list all partners. If corporation, list principal officers. Use an additional page if needed.
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Name	Home Address (Include City, State, ZIP)	Phone
1.		
2.		
3.		

I certify that the above information is correct:	
Owner or other authorized signature	Date

This Section for Contractors in the Construction Industry Only

Workers’ Compensation Law RSMo 287.061.1: Any city or county which issues an occupational or business license for a contractor in the construction industry shall require a certificate of insurance for workers’ compensation coverage or an affidavit, the form of which shall be developed by the division, signed by the applicant attesting that the contractor is exempt. No city or county shall have the duty to investigate any certificate of insurance or affidavit filed pursuant to this section

1. ☐ **A Certificate of Insurance for Workers’ Compensation is Attached**

2. ☐ **An Affidavit Attesting that the Contractor is Exempt is Attached**

Owner	Date
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For questions about **Workers’ Compensation** insurance coverage, consult with your attorney or insurance representative, or call the Missouri Division of Worker’s Compensation at 1-417-888-4100